

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: METHODS OF USING BENZOTHIOPHENONE  
DERIVATIVES TO TREAT CANCER OR  
INFLAMMATION

Attorney Docket Number:: 540057.413USPC

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: No

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

|   |                        |
|---|------------------------|
| Applicant Authority Type::              | Inventor               |
| Primary Citizenship Country::           | Canada                 |
| Status::                                | Full Capacity          |
| Given Name::                            | Zaihui                 |
| Middle Name::                           |                        |
| Family Name::                           | Zhang                  |
| Name Suffix::                           |                        |
| City of Residence::                     | Vancouver              |
| State or Province of Residence::        | BC                     |
| Country of Residence::                  | Canada                 |
| Street of mailing address::             | 887 Great Northern Way |
| City of mailing address::               | Vancouver              |
| State or Province of mailing address::  | BC                     |
| Country of mailing address::            | Canada                 |
| Postal or Zip Code of mailing address:: | V5T 4T5                |

**Second Applicant Information**

|   |                        |
|---|------------------------|
| Applicant Authority Type::              | Inventor               |
| Primary Citizenship Country::           | Canada                 |
| Status::                                | Full Capacity          |
| Given Name::                            | Timothy                |
| Middle Name::                           | S                      |
| Family Name::                           | Daynard                |
| Name Suffix::                           |                        |
| City of Residence::                     | Vancouver              |
| State or Province of Residence::        | BC                     |
| Country of Residence::                  | Canada                 |
| Street of mailing address::             | 887 Great Northern Way |
| City of mailing address::               | Vancouver              |
| State or Province of mailing address::  | BC                     |
| Country of mailing address::            | Canada                 |
| Postal or Zip Code of mailing address:: | V5T 4T5                |

### Third Applicant Information

|   |                        |
|---|------------------------|
| Applicant Authority Type::              | Inventor               |
| Primary Citizenship Country::           | Canada                 |
| Status::                                | Full Capacity          |
| Given Name::                            | Gabriel                |
| Middle Name::                           | Bela                   |
| Family Name::                           | Kalmar                 |
| Name Suffix::                           |                        |
| City of Residence::                     | Richmond               |
| State or Province of Residence::        | BC                     |
| Country of Residence::                  | Canada                 |
| Street of mailing address::             | 887 Great Northern Way |
| City of mailing address::               | Vancouver              |
| State or Province of mailing address::  | BC                     |
| Country of mailing address::            | Canada                 |
| Postal or Zip Code of mailing address:: | V5T 4T5                |

**Correspondence Information**

Correspondence Customer Number ::

**00500****Representative Information**

|                                  |  |              |
|----------------------------------|--|--------------|
| Representative Customer Number:: |  | <b>00500</b> |
|----------------------------------|--|--------------|

**Domestic Priority Information**

| Application ::   | Continuity Type::   | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | National Stage of   | PCT/CA03/000921      | 06/18/03             |
| PCT/CA03/000921  | An application claiming the benefit under 35 USC 119 (e) of | 60/390,589           | 06/21/02             |

**Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

**Assignee Information**

|   |                        |
|---|------------------------|
| Assignee name::                         | QLT, Inc.              |
| Street of mailing address::             | 887 Great Northern Way |
| City of mailing address::               | Vancouver              |
| State or Province of mailing address::  | BC                     |
| Country of mailing address::            | Canada                 |
| Postal or Zip Code of mailing address:: | V5T 4T5                |